

**AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI**

**REPORTING PERIOD FROM** 10/1/2003 TO 9/30/2004

**STATE:** Virginia

**AGENCY NAME:** Virginia Office for Protection and Advocacy

**DATE SUBMITTED:** \_\_\_\_\_

## **AGENCY INFORMATION**

**Agency Name:** Virginia Office for Protection and Advocacy

**Address of Agency:**

**a. Main Office:**

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Richmond, VA 23230

**b. Satellite Office(s) (if applicable):**

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Not applicable

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## **PART I: NON-CASE SERVICES**

### **A. INFORMATION AND REFERRAL SERVICES (I&R)**

<b>1. Total Individuals Receiving I&amp;R Services</b>	17
<b>2. Total Number of I&amp;R requests during the Fiscal Year</b>	17

### **B. TRAINING ACTIVITIES**

<b>1. Number of Trainings Presented by Staff</b>	8
<b>2. Number of Individuals Who Attended These Trainings</b>	555

**3. Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees.**

1. Training presented at the Transcending Brain Injury Conference. VOPA participated on a panel of state agencies that serve persons with TBI. An overview of VOPA was provided as well as information about advocacy for persons with TBI. Persons with TBI and caregivers attended the conference.
2. Training presented at Greater Shenandoah Valley Brain Injury Support Group. The presenter gave an overview of VOPA and held a Q&A. Survivors of brain injuries attended the group.

**4. Agency Outreach**

**Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.**

VOPA has developed annual objectives devoted to outreach for the unserved/underserved individuals. The VOPA client database was intended to play an integral component in identifying an underserved population. However, VOPA discovered that the database had significant integrity issues. VOPA staff have spent a significant amount of time and effort to develop and implement database enhancements that will help in the identification of underserved populations. The objectives relating to identifying an unserved/underserved population have been carried over to FY2005.

VOPA has convened a committee of staff members to assist in the reviewing, revising and updating of the VOPA publications. The committee has agreed to some general guidelines, the most important being that the publications reflect one voice and one vision for VOPA. These publications will play a large role in the VOPA outreach effort.

VOPA also developed other objectives to target what we perceive as unserved or underserved populations, including Spanish speaking Virginians with disabilities. VOPA partnered with the Governor's Liaison to the Governor's Latino Advisory Commission in order to provide outreach for this population. The VOPA Executive Director attended one of the Commission's meetings and provided an overview of VOPA and the desire to identify and serve people with disabilities who speak Spanish. As a result of some of the Governor's Latino Advisory Commission's recommendations, VOPA re-evaluated its outreach plan for the Spanish speaking community. In order to develop a more planful, strategic outreach effort, VOPA developed a representative committee that reflects the disability and Spanish speaking communities to help in this area. We have invited representatives from the VOPA Advisory Councils to join us.

VOPA also developed outreach objectives specifically for the community of persons with traumatic brain injury. VOPA has provided training focusing on persons with brain injuries. We were asked to speak at the Brain Injury Association of Virginia's annual conference and are exploring additional ways to provide advocacy training.

**C. INFORMATION DISSEMINATED TO THE PUBLIC**

<b>1. Radio and TV Appearances by Agency Staff</b>	
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	
<b>3. PSAs/Videos Aired by the Agency</b>	
<b>4. Website Hits</b>	15,178
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	839

**6. Other**

<b>Number</b>	<b>Description (use separate sheets if necessary)</b>

**7. External Media Coverage of Agency Activities**

<b>Radio/TV Coverage</b>	<b>Newspaper/ Magazines/Journal</b>	<b>PSAs/Videos</b>	<b>Publications/ Booklets/Brochures</b>

**PART II: CASE-SERVICES****A. INDIVIDUALS SERVED**

<b>1. Individuals</b>	
<b>a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	
<b>b. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	3
<b>c. Total Number of Individuals Served During Fiscal Year (a + b)</b>	3
<b>d. Total Number of Individuals with Cases that Were Closed During Fiscal Year</b>	
<b>e. Total Individuals Still Being Served at the End of the Fiscal Year</b>	3

<b>2. Services</b>	
<b>a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)</b>	
<b>b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)</b>	3
<b>c. Total Number of Cases/Service Requests During Fiscal Year (a + b)</b>	3
<b>d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year</b>	
<b>e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year</b>	3

**B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED**

<b>Complaint</b>	
<b>1. Abuse (total)</b>	
<b>a. Inappropriate Use of Restraint &amp; Seclusion</b>	
<b>b. Involuntary Treatment</b>	
<b>c. Physical, Verbal, &amp; Sexual Assault</b>	
<b>d. Other</b>	
<b>2. Access to Records</b>	
<b>3. Advance Directives</b>	
<b>4. Architectural Accessibility</b>	

<b>5. Assistive Technology (total)</b>	
<b>a. Augmentative Comm. Devices</b>	
<b>b. Durable Medical Equipment</b>	
<b>c. Vehicle Modification/Transportation</b>	
<b>d. Other</b>	
<b>6. Civil Commitment</b>	
<b>7. Custody/Parental Rights</b>	
<b>8. Education (total)</b>	
<b>a. FAPE: IEP/IFSP Planning/Development/Implementation</b>	
<b>b. FAPE: Discipline/Procedural Safeguards</b>	
<b>c. FAPE: Eligibility</b>	
<b>d. FAPE: Least Restrictive Environ.</b>	
<b>e. FAPE: Multi-disciplinary Evaluation/Assessments</b>	
<b>f. FAPE: Transition Services</b>	1
<b>g. Other</b>	
<b>9. Employment Discrimination (total)</b>	
<b>a. Benefits</b>	
<b>b. Hiring/Termination</b>	
<b>c. Reasonable Accommodations</b>	
<b>d. Service Provider Issues</b>	
<b>e. Supported Employment</b>	
<b>f. Wage and Hour Issues</b>	
<b>g. Other</b>	
<b>10. Employment Preparation</b>	
<b>11. Financial Benefits (total)</b>	
<b>a. SSDI Work Incentives</b>	
<b>b. SSI Eligibility</b>	
<b>c. SSI Work Incentives</b>	
<b>d. Social Security Benefits Cessation</b>	
<b>e. Welfare Reform</b>	
<b>f. Work Related Overpayments</b>	
<b>g. Other Financial Entitlements</b>	
<b>12. Forensic Commitment</b>	
<b>13. Government Benefits/Services</b>	1
<b>14. Guardianship/Conservatorship</b>	
<b>15. Healthcare (total)</b>	

<b>a. General Healthcare</b>	
<b>b. Medicaid</b>	
<b>c. Medicare</b>	
<b>d. Private Medical Insurance</b>	
<b>e. Other</b>	
<b>16. Housing (total)</b>	
<b>a. Accommodations</b>	
<b>b. Architectural Barriers</b>	
<b>c. Landlord/Tenant</b>	
<b>d. Modifications</b>	
<b>e. Rental Denial/Termination</b>	
<b>f. Sales/Contracts/Ownership</b>	
<b>g. Subsidized Housing/Section 8</b>	
<b>h. Zoning/Restrictive Covenants</b>	
<b>i. Other</b>	
<b>17. Immigration</b>	
<b>18. Neglect (total)</b>	
<b>a. Failure to Provide Necessary or Appropriate Medical Treatment</b>	
<b>b. Failure to Provide Necessary or Appropriate Mental Health Treatment</b>	
<b>c. Failure to Provide Necessary or Appropriate Personal Care &amp; Safety</b>	
<b>d. Other</b>	
<b>19. Post-Secondary Education</b>	
<b>20. Non-Medical Insurance</b>	
<b>21. Privacy Rights</b>	
<b>22. Rehabilitation Services (total)</b>	
<b>a. Communications Problems (Individuals/Counselor)</b>	
<b>b. Conflict About Services To Be Provided</b>	1
<b>c. Individual Requests Information</b>	
<b>d. Non-Rehabilitation Act</b>	
<b>e. Private Providers</b>	
<b>f. Related to Application/Eligibility Process</b>	
<b>g. Related to IWRP Development/Implementation</b>	
<b>h. Related to Title I of ADA</b>	
<b>i. Other Rehabilitation Act-related problems</b>	
<b>23 Suspicious Death</b>	

<b>24. Transportation (total)</b>	
<b>a. Air Carrier</b>	
<b>b. Paratransit</b>	
<b>c. Public Transportation</b>	
<b>d. Other</b>	
<b>25. Unnecessary Institutionalization</b>	
<b>26. Voting (total)</b>	
<b>a. Accessible Polling Place / Equipment</b>	
<b>b. Registration</b>	
<b>c. Other</b>	
<b>27. Other*</b>	

### C. REASONS FOR CLOSING CASE FILES

#### 1. Reason for Closing Case Files

<b>Reason</b>	
<b>a. All Issues Resolved in Client's Favor</b>	
<b>b. Some Issues Resolved in Client's Favor</b>	
<b>c. Other Representation Obtained</b>	
<b>d. Individual Withdrew Complaint</b>	
<b>e. Services Not Needed Due to Death, Relocation, etc.</b>	
<b>f. Individual Not Responsive to Agency</b>	
<b>g. Case Lacked Legal Merit</b>	
<b>h. Conflict of Interest</b>	
<b>i. Agency Withdrew from Case</b>	
<b>j. Lack of Resources</b>	
<b>k. Not Within Priorities</b>	
<b>l. Issue Not Resolved in Client's Favor</b>	
<b>m. Other</b>	
<b>n. Total</b>	0

### D. HIGHEST INTERVENTION STRATEGY

<b>Interventions*</b>	
<b>1. Short Term Assistance</b>	
<b>2. Systemic/Policy Activities</b>	

<b>3. Investigation/Monitoring</b>	
<b>4. Negotiation</b>	
<b>5. Mediation/Alternative Dispute Resolution</b>	
<b>6. Administrative Hearing</b>	
<b>7. Legal Remedy/Litigation</b>	
<b>8. Class Action Suits</b>	

\*cases are still open at the time of this report

### **PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED**

#### **A. AGE OF INDIVIDUALS SERVED**

<b>Age</b>	
<b>0 to 12</b>	1
<b>13 to 18</b>	1
<b>19 to 25</b>	
<b>26 to 64</b>	1
<b>65 and over</b>	
<b>Total</b>	3

#### **B. GENDER OF INDIVIDUALS SERVED**

<b>Male</b>	3
<b>Female</b>	
<b>Total</b>	3

#### **C. RACE/ETHNICITY OF INDIVIDUALS SERVED**

<b>Race/Ethnicity</b>	
<b>1. American Indian/Alaskan Native</b>	
<b>2. Arab American</b>	
<b>3. Asian</b>	
<b>4. Black/African American</b>	
<b>5. Hispanic/ Latino</b>	
<b>6. Native Hawaiian/Other Pacific Islander</b>	
<b>7. White/Caucasian</b>	3
<b>8. Multiracial/Multiethnic</b>	
<b>9. Race/Ethnicity Unknown</b>	
<b>10. Other Than Above*</b>	
<b>11. Total</b>	3



**D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED**

Arrangement	
1. Community Residential Home	
2. Foster Care	
3. Homeless/Shelter	
4. Legal Detention/Jail/Prison	
5. Nursing Facility	
6. Parental/Guardian or Other Family Home	1
7. Independent	1
8. Private Institutional Setting	1
9. Public (State Operated) Institutional Setting	
10. Public Housing	
11. VA Hospital	
12. Other*	
13. Unknown/Not Provided	3

**E. GEOGRAPHIC LOCATION**

Geographic Location	
1. Urban/Suburban	1
2. Rural	2
3. Total	3

**PART IV: SYSTEMIC ACTIVITIES AND LITIGATION****A. SYSTEMIC ACTIVITIES**

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	0
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2. Describe the agency's systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency's systemic activities impacted individuals served.

Please see Part V: Priorities and Objectives

**B. LITIGATION/CLASS ACTIONS**

1. Total Number of Non-Class Action Lawsuits Filed	0
a. Number of Non-Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)	0
b. Number of Non-Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)	0
2. Total Number of Class Action Lawsuits Filed	0
a. Number of Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)	0
b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)	0

3. Describe the agency's litigation/class action activities. Explain how individuals with disabilities benefited from such litigation. If possible, estimate the number of individuals potentially impacted by changes resulting from the litigation. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation.

Not applicable.

**C. MONITORING**

Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's monitoring activities.

Not applicable.

**D. LITIGATION-RELATED MONITORING**

Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.

Not applicable

**E. FULL OR PRELIMINARY INVESTIGATIONS**

Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's investigations. Use separate sheets if necessary.

Not applicable.

**F. DEATH INVESTIGATIONS**

1. Number of Formal Death Reports Received	0
2. Number of Informal/External Death Reports Received	0
3. Number of Death Investigations	0

4. Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations. Use separate sheets if necessary.

Not applicable

**PART V: PRIORITIES AND OBJECTIVES**

**A. CURRENT PRIORITIES AND OBJECTIVES**

Use the format below to describe the program priorities and objectives toward which the prior fiscal year's activities were targeted. See the instructions for more detailed information.

It should be noted that VOPA plans its programs based on the needs within the state; not by funding stream or specific disabilities. Some of the identified estimated cases may be addressed in conjunction with other funding streams, but the result will still be a positive impact on PATBI eligible individuals.

**Priority #1: Children and Youth with Disabilities Receive an Appropriate Education**  
**Focus Area: Best Practices in Education about Traumatic Brain Injury**

Description of Need, Issue, or Barrier Addressed:

This objective was developed after consultation with the Brain Injury Association of Virginia, which had developed a best-practices publication and submitted it to the Department of Education (DOE). BIAV noted that no action had been taken on the manual by DOE and it was not implementing the recommended best practices. BIAV requested VOPA's assistance in addressing this.

Indicator(s):

Initiate a legal review of and provide comments to the Brain Injury Association of Virginia on the "TBI Education Best Practices Manual" developed by the BIAV prior to its submission and publication by the Virginia Department of Education, by the end of January 2004.

<b>Outcome:</b> Met
<b>Total Number of Cases Handled:</b> not limited to individual cases

Illustrative Cases (at least one specific case description showing the success)

VOPA has reviewed the Brain Injury Association's education manual and contacted the Virginia Department of Education to discuss it. DOE has agreed to make the manual available to all consumers and schools, on request

**Priority #2: People with Disabilities Have Equal Access to Government Services**  
**Focus Area: Failure to provide appropriate TBI-related supports and therapies for persons who have a dual diagnosis of Mental Retardation/Developmental Disabilities (MR/DD) and TBI or Mental Illness (MI) and TBI**

Description of Need, Issue, or Barrier Addressed:

Virginia does not have a coordinated public service delivery system for individuals with traumatic brain injuries. They frequently have to "cobble" together services from a variety of providers both public and private who may or may not have expertise in serving individuals with brain injury. VOPA has been informed that, individuals with brain injuries and these disabilities frequently are denied services by the MR/DD and MH provider as they consider the brain injury to be "primary" or the real issue and the MR/DD and MH cannot be addressed until the brain injury is addressed.

Indicator(s):

By April 30, 2004, conduct research to determine whether community providers are appropriately serving persons with dual diagnosis of MR/DD and TBI or MH and TBI.

If research shows that persons with dual diagnoses are not receiving adequate services and supports, by September 30, 2004, identify three persons with dual diagnoses of MR/DD and TBI or MI and TBI who have been denied appropriate supports and services for future representation.

<b>Outcome:</b> Met
<b>Total Number of Cases Handled:</b> 1

Illustrative Cases (at least one specific case description showing the success)

VOPA represents a person who was denied supports and services because he has a co-occurring diagnosis of TBI and a developmental disability. VOPA successfully advocated for the child to receive appropriate services from his local Community Services Board (the local public entity providing mental health, mental retardation and substance abuse services).

During the public comment period for the development of the FY2005 VOPA priorities, VOPA conducted targeted focus groups in 2 areas of the state with diverse participants. At one focus group there was a representative from the brain injury community voicing concerns about the difficulty persons with brain injuries have trying to access services from the local community services board (CSB). There was a representative from the CSB also in the group. After the focus group ended, these two participants made future arrangements to further address this concern and were able to resolve the issue.

VOPA is also working systemically with the Brain Injury Association of Virginia to increase compliance with the Brain Injury Registry, a state-wide program that requires hospitals to report head injuries that may have cause a brain injury. Those persons are then provided information about programs and services available to persons with brain injuries. The Brain Injury Association of Virginia reports that many hospitals do not comply with the requirement to report injuries to the registry. VOPA is working with the Brain Injury Association to develop ways to increase compliance.

**Priority #3: People with Disabilities Live in the Most Integrated Environment Possible**  
**Focus Area: Appropriate and Timely Discharge Plans at Mental Health Facilities**

Description of Need, Issue, or Barrier Addressed:

Virginia does not have a coordinated public service delivery system for individuals with traumatic brain injuries. They frequently have to “cobble” together services from a variety of providers both public and private who may or may not have expertise in serving individuals with brain injury. Because of this fragmented service delivery system, individuals with brain injuries who may have a co-occurring mental health diagnoses may be found in the state mental health institutions simply due to a lack of service providers and/or supportive housing resources

Indicator(s):

Conduct one (1) patient training at each State mental health institution regarding discharge planning rights.

Identify ten (10) patients of State mental health institutions who remain in such institutions more than 90 days after being found ready for discharge.

Represent ten (10) residents of state mental health institutions who are ready for discharge and who wish to live in a more integrated setting.

<b>Outcome:</b> Met
<b>Total Number of Cases Handled:</b> 0 using PATBI funding

Illustrative Cases (at least one specific case description showing the success)

VOPA provided training for patients at each State mental health institution (9) about discharge planning. Staff report being approached by numerous individuals following presentations with requests for assistance. The typical Technical Assistance that results is providing detailed information regarding the discharge planning process so that the individual is better equipped to for self-advocacy, explaining the role of a Legally Authorized Representative, or court-ordered treatment.

VOPA’s litigation against the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has resulted in an historic order giving VOPA access to the names and contact information of all those persons with mental illness deemed “ready for discharge” from DMHMRSAS’ State mental health institutions. This case was the first in the history of the PAIMI Act to require such access and the first to define “neglect” as the failure to create or implement appropriate discharge plans. As a direct result of VOPA’s action, dozens of people have been successfully discharged, some with VOPA’s direct action, others through the implementation of appropriate discharge planning. VOPA is contacting people on the “ready for discharge” list and has opened five cases for people who appear on the list (who were not known to VOPA before VOPA received the list). Each person had a

discharge plan that should have been, but was not, implemented. In each case, VOPA wrote letters to DMHMRSAS and Community Services Boards demanding the discharge of its client. In each case, DMHMRSAS responded by ensuring the discharge of each person. When persons contacted by VOPA are persons with traumatic brain injuries, they will be represented under this program.

Virginia does not have a coordinated public service delivery system for individuals with traumatic brain injuries. They frequently have to “cobble” together services from a variety of providers both public and private who may or may not have expertise in serving individuals with brain injury. Because of this fragmented service delivery system, individuals with brain injuries who may have a co-occurring mental health diagnoses may be found in the state mental health institutions simply due to a lack of service providers and/or supportive housing resources.

**Priority #4: People with Disabilities are Employed to their Maximum Potential**  
**Focus Area: Supported Employment**

Description of Need, Issue, or Barrier Addressed:

This allows VOPA to advocate for greater access to supported employment options for individuals with disabilities.

Indicator(s):

Provide legal representation for fifteen (15) persons with disabilities to ensure that they receive appropriate employment training, as a part of their transition planning from school to post-school activities that meets their abilities, needs, and preferences.

Represent ten (10) persons with disabilities who have disputes with the Department of Rehabilitative Services regarding supported employment.

<b>Outcome:</b> Met
<b>Total Number of Cases Handled:</b> 1 person with TBI; others were served using other funding sources

Illustrative Cases (at least one specific case description showing the success)

VOPA has represented persons who complained that the Department of Rehabilitative Services failed to provide adequate transition planning and assistance. VOPA has also acquired and is reviewing contracts between school districts and DRS setting forth each entity’s responsibility to provide transition planning. VOPA has received complaints alleging and suggesting that DRS does not provide the transition services, including functional vocational evaluations, that it is required to provide. VOPA has served a Notice of Potential Litigation upon DRS and demanded that it take steps to ensure that it provides appropriate transition planning.

VOPA also is representing several persons who have complaints regarding supported employment.

When VOPA’s clients are persons with traumatic brain injuries, it will represent them under this program. Even when VOPA is representing people without brain injuries, its positive results help persons with traumatic brain injuries because it sets important precedent.

VOPA represents a client reporting a number of areas of dissatisfaction with services provided by Woodrow Wilson Rehabilitation Center beginning in 1999. VOPA has contacted staff at Woodrow Wilson, who state he received services and was satisfied, but our client feels he did not get all the services. This case is on-going.

**Priority #5: People with Disabilities are Employed to their Maximum Potential**  
**Focus Area: Maximized Employment for Vocational Rehabilitation Clients who are Difficult to Serve**

Description of Need, Issue, or Barrier Addressed:

This allows VOPA to advocate for greater access to vocational rehabilitation options for individuals with disabilities who are perceived as difficult to serve. This was brought to VOPA's attention anecdotally.

Indicator(s):

Investigate whether the Department of Rehabilitative Services (DRS) improperly considers the resources of SSI/SSDI beneficiaries when providing educational funding or services. If so, initiate litigation and/or other advocacy to change this practice.

Represent the interests of Virginians with disabilities by advocating for the provision of employment training that maximizes independence to the Virginia Rehabilitation Council, and by advocating against the inappropriate use of an order of selection.

Represent ten (10) persons with traumatic brain injuries, mental illness, or who are HIV positive or have AIDS, who have been denied appropriate employment training or other employment-related services by the Department of Rehabilitative Services.

<b>Outcome:</b> Met
<b>Total Number of Cases Handled:</b> 1 using PATBI funding

Illustrative Cases (at least one specific case description showing the success)

VOPA represents a person who has had DRS educational funding discontinued due to her resources being improperly considered. VOPA will use this case both to argue on the client's behalf and to argue for systemic changes to DRS's policy to ensure that DRS properly funds educational services

VOPA has represented and continues to represent several "difficult to serve" persons who were denied employment-related services by DRS. In one case, a woman with traumatic brain injury had her DRS file closed because of personality conflicts. VOPA successfully advocated to have her file re-opened and for her to receive services.

**Priority #6: People with Disabilities have Equal Access to Appropriate and Necessary Health Care**

**Focus Area: Traumatic Brain Injury Waiver**

Description of Need, Issue, or Barrier Addressed:

Virginia does not have a coordinated public service delivery system for individuals with traumatic brain injuries. They frequently have to "cobble" together services from a variety of providers both public and private who may or may not have expertise in serving individuals with brain injury. Because of this fragmented service delivery system, individuals with brain injuries need a dedicated funding stream to help the development of a coordinated service delivery system.

Indicator(s):

In conjunction with the Brain Injury Association of Virginia, Virginia Brain Injury Council, and the Virginia Disabilities Services Council, inform policy makers of the need for funding of a Medicaid Waiver for persons with TBI.

<b>Outcome:</b> Met
<b>Total Number of Cases Handled:</b> not limited to individual cases

Illustrative Cases (at least one specific case description showing the success)

The Virginia General Assembly did not fund a Brain Injury Medicaid Waiver but did fund community programs for persons with Traumatic Brain Injuries. VOPA has discussed this matter with the Brain Injury Association of Virginia. Although the advocacy effort was made the appropriation was not made. This indicator has been continued for FY2005.

**Priority #7: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services**

**Focus Area: Underserved Communities**

Description of Need, Issue, or Barrier Addressed:  
VOPA will increase its visibility in the disability communities

Indicator(s):

By December 2003, identify one (1) additional target population to receive outreach and training.  
Create training materials and a presentation for the target population by March 31, 2004.  
Complete mailings and at least two (2) presentations to the target population by September 2004.

<b>Outcome:</b> Not Met
<b>Total Number of Cases Handled:</b> not limited to individual cases

Illustrative Cases (at least one specific case description showing the success)

The VOPA client database was going to play an integral component in identifying an underserved population. However, VOPA discovered that the database had significant integrity issues. VOPA staff have spent a significant amount of time and effort to develop and implement database enhancements that will help in the identification of underserved populations. These objectives have been carried over to FY2005.

**Priority #8: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services**

**Focus Area: Spanish Speaking Constituents**

Description of Need, Issue, or Barrier Addressed:  
VOPA will increase its visibility in the disability communities

Indicator(s):

Identify five (5) Spanish community contacts in Virginia by December 2003  
Develop two (2) VOPA primary publications in Spanish by June 2004.  
Complete two (2) presentations or training sessions between June 2004 and September 2004 for Spanish communities.

<b>Outcome:</b> Partially Met
<b>Total Number of Cases Handled:</b> not limited to individual cases

Illustrative Cases (at least one specific case description showing the success)

VOPA partnered with the Governor's Latino Advisory Commission Liaison to develop a planful, strategic outreach effort. VOPA is developing and nurturing a representative committee that reflects the disability and Spanish Speaking communities to help in this area. We have invited representatives from the VOPA Advisory Councils to join this effort. A presentation was provided to the Governor's Latino Advisory Commission about VOPA and disability rights. Based on feedback from the Commission, VOPA has re-evaluated and revised its outreach plan for this population. At the first meeting of the potential Spanish Speaking Outreach committee, a discussion about VOPA's mission and disability rights was conducted

VOPA's main publication was revised this year. This publication was translated into Spanish using a software package. To ensure that the translation had retained the intent and tone of the English version, VOPA had a person who speaks Spanish review it. It was then shared with VOPA's Spanish Speaking Outreach Committee who have recommended further edits.

VOPA intended to translate its poster into Spanish. However, public comment this year has alerted us that many people cannot distinguish the difference between VOPA and the DMHMRSAS Human Rights

posters. DMHMRSAS' poster is currently under revision. Once they complete their poster, VOPA will review our poster for revision/translation.

## **B. AGENCY ACCOMPLISHMENTS**

**Describe the most significant accomplishments of the agency during the fiscal year.**

VOPA is establishing its identity as an independent State agency that provides protection and advocacy services for individuals with disabilities. The Governing Board of Directors, the Advisory Councils, and staff are learning the opportunities and challenges this affords VOPA. An organizational re-structuring and physical move of the Office has begun the process of exercising this independent "identity."

### **A. IMPLEMENTATION PROBLEMS**

**Describe any external or internal implementation problems for priorities marked "not met" or "partially met."**

VOPA's initial application for the traumatic brain injury protection and advocacy grant was developed and completed during our public comment process for all of our federal grants' work. We received our award notice September 23, 2003, nearly a month into the fiscal year of the grant. Based upon the public comment, our Advisory Councils' recommendations, VOPA staff vision and experience with the disability community, and the Governing Board's approval, the priorities for FY04 were established. To best meet those priorities, VOPA re-structured itself as an organization. While, in the long run, the new organizational structure will better serve our clients, it has, in the short term, created some delays in representation and advocacy efforts.

In addition, we have had some personnel changes which have compounded the delays in implementing this grant in particular. Due to the level of grant funding awarded we could not meet all the original application proposals.

## **PART VI: AGENCY ADMINISTRATION**

### **A. GRIEVANCES FILED**

<b>PATBI grievances filed against the agency during the fiscal year</b>	<b>1</b>
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## **B. COLLABORATIVE EFFORTS**

### **1. NETWORK COLLABORATION**

Identify issues selected for network collaboration.

VOPA has seven (7) other protection and advocacy grants. This affords us the ability to serve individuals with disabilities in a more flexible manner. That is partly why we do not develop our annual priorities limited specifically to a certain funding stream. Staff frequently problem-solve, consult and strategize across the grants in order to develop the best advocacy efforts possible for our clients and the disability community at large.

Many VOPA staff subscribe to the National Association of Protection and Advocacy Systems various listservs. This allows VOPA staff to consult with other protection and advocacy entities and to share successes and challenges.

### **2. ALL OTHER COLLABORATION**

**Describe any coordination with programs that are not part of the agency (e.g. state long-term care programs, etc.). Use separate sheets if necessary.**



VOPA collaborates with several other entities on a variety of levels and issues. Please see the list\* below:

Department of Mental Health, Mental Retardation and Substance Abuse Services and institutions  
Local Human Rights Committees  
Partnership for People with Disabilities  
Virginia State Independent Living Council  
Department of Rehabilitative Services  
Department of Medical Assistance Services  
Office of the Attorney General  
Virginia Public Guardian and Conservator Advisory Board  
Virginia Board for People with Disabilities  
State Special Education Advisory Council  
Virginia Workforce Council  
Office of the Inspector General  
Virginia Interagency Coordinating Council  
Medicaid Buy-In Work Group  
Centers for Independent Living  
Virginia Commonwealth University  
Community Services Boards

\*Note: this list is not meant to be all-inclusive.

VOPA serves on a number of work groups and task forces; however this participation is carefully analyzed by VOPA. As the designated authority to pursue legal, administrative, and other appropriate remedies to insure the protection of the rights of individuals with disabilities who are receiving treatment, services, or habilitation within Virginia, VOPA must maintain itself as an independent state agency and not compromise its avenues to protect and advocate on behalf of individuals with disabilities. Although VOPA values the work of task forces, advisory, groups and committees, requests for VOPA staff participation are scrutinized to ensure conflicts of interest are avoided.

**PART VII: END OF FORM**

_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Name (printed)</b>	_____ <b>Title</b>